Name In Full: Harris-Allen

Certificate of Death: 70

Died at — Town: Baltimore — County: Cohmt — MARYLAND

Date 189 9 — Month: Aug. 1 — Day | Age: Y. 67 M. D. | Native of: Md. | Occupation: Housekeeper

~~Male~~ / Female — ~~White~~ / Colored — Married / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~: 0

~~Husband~~ / Wife of James Allen

Father's Name: —

Mother's Name: Clarissa Hawkins

Cause of Death — Primary: Cancer of womb 25 d — How long sick: 2 yrs

Immediate — Accident, Suicide, Homicide

Reported by: Dr. Jno. [illegible]

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Sarah Bussford

Certificate of Death 89

Died at Town Plum Pt County Calvert MARYLAND

Date 189 Month Aug Day 16 | Age Y. 74 M. D. | Native of Md. | Occupation Housekeeper

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow | ~~Widower~~ | ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of

Father's Name Richard Vance | Mother's Name Anna Denton

Cause of Death: Primary old age 83 | How long sick 2 days

Immediate Diarrhoea | ~~Accident, Suicide, Homicide~~

Reported by Estelle Pauley M.D.

Address Huntingtown Calvert Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Katie Brooks

Certificate of Death 82

Died at Town Mutual County Calvert MARYLAND

Date 1891 Month 8 Day 26 | Age Y. 13 M. — D. | Native of Calvert Co. | Occupation child

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living 1

Husband / Wife of

Father's Name Jacob Lou Brooks | Mother's Name Susanna Parker

Cause of Death: Primary Typhoid Fever | How long sick 6 weeks

Immediate Marasmus | ~~Accident Suicide Homicide~~

Reported by P. Brown MD

Address Mutual Calvert Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Edward Dixon

Certificate of Death

88

Died at Town Plum Pt County Calvert MARYLAND

Date 1899 Month Aug Day 3 | Age Y. M. D. 12 | Native of Md. | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced

Number of children living

Husband of
Wife

Father's Name Joseph W Dixon

Mother's Name Hester A Coy

Cause of Death — Primary Malnutrition — How long sick 12 days

Immediate Marasmus 1 4-0

Accident, Suicide, Homicide

Reported by Estelle Paddy, M.D.

Address Huntingtown Calvert Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Hattie Dixon

Certificate of Death

80

Died at Town: Solomons County: Calvert co MARYLAND

Date 1894 Month: Aug Day: 22 | Age Y. 6 M. D. | Native of Calvert | Occupation

~~Male~~ Female | White ~~Coloured~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children ~~living~~

Husband / Wife of 62

Father's Name Wm. Franklin Dixon | Mother's Name Kate Hardesty

Cause of Death: Primary Dentition & Colitis | How long sick 2 Weeks

Immediate Cholera Infantum | Accident, Suicide, Homicide

Reported by Jas. L. Tucker Undertaker

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Was taken to St. Agnes Bertha once,
he gave it medicine & she got better,
but was taken again and died
from the things they told me.

Name in Full

Certificate of Death

83

Freeder Galloway

Died at Town Dunkirk County Calvert MARYLAND

Date 1899 Month aug. Day 29 | Age Y. 39 M. D. | Native of Calvert Co | Occupation Laborer

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 7

Husband of ~~Wife~~ Margaret Thomas

Father's Name Washington Galloway | Mother's Name Sarah Butler

Cause of Death: Primary Chronic Softening of the Brain 43 | How long sick 9 mos.

Immediate Paralysis | ~~Accident, Suicide, Homicide~~

Reported by Thos. Lee. Cleary M. D.

Address Dunkirk, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

79

Susan Hawkins

Died at Town: Dunkirk County: Calvert MARYLAND

Date 1899 Month: Aug. Day: 21 | Age Y. 55 M. — D. — | Native of calvert co | Occupation —

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

~~Husband~~ Wife of George Hawkins

Father's Name Anthony Giles | Mother's Name Mina Coates.

Cause of Death: Primary Phthisis 22a | How long sick 3 years

Immediate Pulmonary Hemorrhage | ~~Accident, Suicide, Homicide~~

Reported by T. M. Chaney, M. D.

Address Dunkirk Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

77

Alexander Hicks

Died at Huntingtown Town — Calvert County MARYLAND

Date 189 9 Month Aug Day 11 | Age Y. 80 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Jas. Hicks

Mother's Name Matilda Hicks

Cause of Death — Primary: Pulmonary Tubercl — How long sick

Immediate: Hemmorhage 22d — Accident, Suicide, Homicide

Reported by J. W. Faith M.D.

Address Huntingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Susan Hodesly

Certificate of Death

120

Died at Town Boston County Calvert MARYLAND

Date 189 9 Month aug Day 18 | Age Y. 70 M. D. | Native of Calvert | ~~Occupation~~

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ / Number of ~~children~~ living

Husband of

~~Wife~~

~~Father's Name~~ | ~~Mother's Name~~

Cause of Death { Primary | Immediate old age } | ~~How long sick~~ | ~~Accident, Suicide, Homicide~~

Reported by W H Hutchins M D

Address Adelina Calvert Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full John Filder Ireland

Certificate of Death 74

Died at Town Lo. Marlboro County Calvert MARYLAND

Date 1899 Month Aug. Day 4 | Age Y. 65 M. 5 D. | Native of Calvert | Occupation Physician

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 8

Husband ~~Wife~~ of Maggie Kent

Father's Name

Mother's Name

Cause of Death: Primary Phthisis 22a — How long sick 12 mos.

Immediate Pulmonary Hemorhage — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. H. Hinman M. D

Address Lo. Marlboro Calvert Co.,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55868

Name in Full Howard Parker Jones

Certificate of Death 73

Town Burkittsville County Frederick

Died at Burkittsville Frederick MARYLAND

Date 189 4 Month 4 Day 3 Age Y. 40 M. — D. Native of Md Occupation Farmer

[redacted] Female [redacted] Colored Married [redacted] [redacted] Widower Number of children living 3

Husband of Wife Sarah Jones 22a

Father's Name Theodore Parker Mother's Name Unknown

Cause of Death: Primary Tuberculosis of Lungs How long sick 2 months,

Immediate Asthenia

Accident, Suicide, Homicide

Reported by P. Brosius

Address Burkittsville Md Route 2

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full John Norman Marburger

Certificate of Death 72

Died in Town Point Patience County Calvert MARYLAND

Date 1899 Month Aug. Day 2 | Age Y. 47 M. 8 D. 28 | Native of Maryland | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 4

Husband / Wife of Frances P. Roelke

Father's Name Peter Marburger | Mother's Name ——— | Work

Cause of Death — Primary: Caught under falling building | How long sick

Immediate: Suffocation 15-20 | Accident, ~~Suicide Homicide~~

Reported by Dr W H Marsh

Address Calvert Co. Solomons, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full

Gertrude Marqueso

Certificate of Death

81

Town

Died at Near Mt Hermon County Calvert MARYLAND

Date 1897	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Aug	25		25			Calvert Co	Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of Wife: John F Marqueso

Father's Name: Joseph Hunt

Mother's Name: Mary J Hunt

Cause of Death — Primary: Typhoid Fever

How long sick: 26 Days

Cause of Death — Immediate:

~~Accident, Suicide, Homicide~~

Reported by: Geo W Pentelow M D

Address: Prince Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Lillie V. Meade

Certificate of Death: 75

Died at: Town: Huntingtown; County: Calvert; MARYLAND

Date 189: Month: Aug; Day: 5th

Age: Y. 20; M. 7; D.

Native of: Calvert Co

Occupation:

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~ / Divorced

Number of children living

Husband / Wife of

Father's Name: Wm H Meade

Mother's Name: Mary E. Meade

Cause of Death — Primary: Typhoid fever

Immediate:

How long sick: 21 Days

Accident, Suicide, Homicide

Reported by: J. W. Leitch M.D.

Address: Huntingtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Minnie A. Robinson

Certificate of Death 38

Died at Town Barton County Cohus- MARYLAND

Date 189 7 Month Dec. Day 14 | Age Y. 62. M. 8 D. 2 | Native of Cohus- | Occupation Domestic

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of Jno. F. Robinson

Father's Name Wm Hopwood | Mother's Name Mary Hooker

Cause of Death: Primary Nephritis 38 | How long sick 2 days

Immediate Coma | Accident, Suicide, Homicide

Reported by Geo. H. Hopwood

Address (Corr)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Send me Some Certificates
of death

Name in Full Lloyd Janey

Certificate of Death 91

Died at Town Solomons County Calvert MARYLAND

Date 189 9 Month Aug Day 2 | Age Y. 46 M. — D. — | Native of Calvert Co | Occupation Laborer

~~Male~~ / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 0

Husband of —— / Wife 1529

Father's Name Major Janey | Mother's Name Eliza Philips

Cause of Death: Primary — Injuries from falling of | How long sick — Killed instantly

Immediate — a store-house in a wind-storm | Accident, ~~Suicide, Homicide~~

Reported by James L. Tucker, Undertaker

Address 9th [redacted] Bertha, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

112

Mrs S. in attendance

Name in Full

Certificate of Death

76

Mary Hilam Watts

Died at Town Tobias P. O. County Calvert Co MARYLAND

Date 189 9 Month Aug Day 9th Age Y. 11 M. 8 D. Native of Calvert Occupation

~~Male~~ Female ~~White~~ Colored Married Single ~~Widow~~ Widower Divorced Number of children living

Husband of Wife

Father's Name Lucky Watts Mother's Name Susan Kelly

Cause of Death { Primary 161 How long sick 2 days.

Immediate 9.23

Accident, Suicide, Homicide

Reported by Jas L. Jackson Undertaker

Address Bertha Calvert Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

11 x Sr. L. L. Inoculum her only
once, died with convulsions.